

STATE PLAN FOR MEDICAL ASSISTANCE
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF MARYLAND

PROGRAM	LIMITATIONS
13. Other, diagnostic, screening, preventive, & i.e., other than those provided elsewhere in this plan. d. Rehabilitation Services II. Outpatient Mental Health Centers	D. Providers of Outpatient Mental Health Centers are limited to those that are organized to deliver community mental health treatment services, which comply with COMAR 10.21.16, 10.21.17, and 10.21.20, as well as regulations established by the Single State Agency. E. Services must be preauthorized by the Administration's administrative services organization (ASO), according to the provisions of COMAR 10.21.17.02-1A. F. Services provided to or for the primary benefit of individuals other than the eligible client are not reimbursable. G. Case Management Services are not reimbursable. H. Services delivered by telephone are not reimbursable. I. Services provided in an Institution for Mental Disease are not reimbursable. J. Services do not include: 1. Investigational and experimental drugs and procedures. 2. Services denied by Medicare as not medically justified.

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PROGRAM	LIMITATIONS
13. Other, diagnostic, screening, preventive, & i.e., other than those provided elsewhere in this plan. d. Rehabilitation Services II. Outpatient Mental Health Centers	3. Rehabilitation services provided to hospital inpatients. 4.. Rehabilitation visits solely for the purpose of either or both of the following: a. Prescription, drugs or supply pick-up, or collection of laboratory specimens; or b. Interpretation of laboratory tests or panels. 5. Injections and visits for the administration of injections, unless medical necessity and the recipient's inability to take appropriate oral medications are documented in the patient's medical record, and 6. Separate reimbursement to any employee of a rehabilitation services program for services provided through a rehabilitation service program when the rehabilitation services program has been reimbursed directly.

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<u>PROGRAM</u>	<u>LIMITATIONS</u>
13. Other diagnostic, screening, preventive, & i.e., other than those provided elsewhere in this plan.	A. Services may be provided to an individual or in a small group at the program site or at an off-site location appropriate to the individual's needs, and are limited to:
d. Rehabilitation Services	1. Psychiatric rehabilitation assessment of the patient's strengths, skills, and needs in the areas of independent living, daily living skills, housing, mobility, interpersonal relationships, leisure activities, self-administration and management of medications, or any other areas that may pose a challenge to the individual's successful rehabilitation.
III. Psychiatric Rehabilitation Programs	2. Individual rehabilitation planning based upon the psychiatric rehabilitation assessment which is prepared in conjunction with the consumer or the consumer's legal guardian and which includes, at a minimum, <ul style="list-style-type: none"> (a) the individual's presenting needs, strengths, and rehabilitation expectations and responsibilities, (b) a description of needed and desired program services and interventions, and staff responsible for implementation, (c) a description of how the needed and desired skills and supports will help the individual to choose an environment or remain in the environment of choice, (d) rehabilitation goals in measurable terms, and target dates for each goal, and

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13. Other diagnostic, screening, preventive, & i.e., other than those provided elsewhere in this plan.	(e) when appropriate, identification of, recommendations for, and collaboration with, other services to support the individual's rehabilitation, including but not limited to mental health treatment, residential services, and somatic care.
d. Rehabilitation Services	
III. Psychiatric Rehabilitation Programs (continued)	3. Psychiatric rehabilitation services which develop or restore: (a) self care skills, including personal hygiene, grooming, nutrition, dietary planning, food preparation, and self-administration of medication; (b) social skills, including community integration activities, developing natural supports, and developing linkages with and supporting the individual's participation in community activities; and (c) independent living skills.
	4. Medication administration and monitoring.
	5. Health promotion and training as indicated in the patient's individual rehabilitation plan and may include areas such as nutrition, exercise, dental care, and substance abuse, injury, and illness prevention.
	6. Psychiatric crisis services include intensive support and assistance, the provision of information regarding services which the patient needs.

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13. Other diagnostic, screening, preventive, & i.e., other than those provided elsewhere in this plan.	B. Required staff, who are authorized to provide services, include:
d. Rehabilitation Services	1. A program director, who meets the qualifications of COMAR 10.21.21.08§F(1);
III. Psychiatric Rehabilitation Programs (continued)	2. One or more rehabilitation specialists, as required by COMAR 10.21.21.08§D, §E, or §F, who:
	(a) is either a mental health professional or a:
	(i) creative arts therapist who has a master's degree and who is registered or certified by the American Art Therapy Association, American Dance Therapy Association, National Association of Music Therapy, or American Association for Music Therapy,
	(ii) rehabilitation counselor who has a master's degree in rehabilitation counseling, psychiatric rehabilitation, vocational rehabilitation, or who is currently certified by the Commission on Rehabilitation Counselor Certification, or
	(iii) therapeutic recreations specialist who has a master's degree in therapeutic recreation or who is registered as a therapeutic recreation specialist by the National Therapeutic Recreation Society;

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13. Other diagnostic, screening, preventive, & i.e., other than those provided elsewhere in this plan.	(iv) bachelors prepared Certified Psychiatric Rehabilitation Practitioner currently certified by the International Association of Psychosocial Rehabilitation Services (IASPRS) and
d. Rehabilitation Services	
III. Psychiatric Rehabilitation Programs (continued)	3. Direct service staff, sufficient in number to meet the rehabilitation needs of the enrolled patients, who: (a) at a minimum, have: (i) a high school equivalency diploma, unless exempted by the governing body and program director, and (ii) sufficient qualifications, knowledge, or experience to work with individuals served by the program; and (b) are responsible for implementing the rehabilitation activities outlined in the individual's IRP.
	4. Volunteers, Students, and Trainees. The program may use volunteers, students, and trainees according to the provisions of COMAR 10.21.17.09E.
	C. Providers of Psychiatric Rehabilitation Program services limited to those that are organized to deliver psychiatric rehabilitation program services, which comply with COMAR 10.21.16, 10.21.17, and 10.21.21, as well as regulations established by the Single State Agency.

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PROGRAM	LIMITATIONS
13. Other diagnostic, screening, preventive, & i.e., other than those provided elsewhere in this plan.	D. Services must be preauthorized by the Administration's administrative services organization (ASO), according to the provisions of COMAR 10.21.17.02-1A.
d. Rehabilitation Services	E. Services provided to or for the primary benefit of individuals other than the eligible client are not reimbursable.
III. Psychiatric Rehabilitation Programs (continued)	F. Vocational counseling, vocational training at a classroom or a job site, and academic/remedial educational services are not reimbursable.
	G. Services delivered by telephone are not reimbursable.
	H. Services provided in an Institution for Mental Disease are not reimbursable.
	I. Services do not include:
	1. Investigational and experimental drugs and procedures.
	2. Services denied by Medicare as not medically justified.
	3. Rehabilitation services provided to hospital inpatients.
	4. Rehabilitation visits solely for the purpose of either or both of the following:
	(a) prescription, drug or supply pick-up, or collection of laboratory specimens; or
	(b) interpretation of laboratory tests or panels.

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13. Other diagnostic, screening, preventive, & i.e., than those provided elsewhere in this plan.	5. Injections and visits solely for the administration of injections, unless medical other necessity and the recipient's inability to take appropriate oral medications are documented in the patient's medical record;
d. Rehabilitation Services	6. Separate reimbursement to any employee of a rehabilitation services program for services provided through a rehabilitation service program when the rehabilitation services program has been reimbursed directly; and
III. Psychiatric Rehabilitation Programs (continued)	7. An on-site psychiatric rehabilitation program visit on the same day that the recipient receives medical day care services under COMAR 10.09.07.

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PROGRAM

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

d. Rehabilitative services

IV. Adult medical day care services

A. Adult medical day care services are covered for Medicaid recipients age 16 or older who require the level of services provided in a nursing facility. Participants must attend for a minimum of 4 hours in order for the provider to be paid for a day of care.

B. Covered services include medical services, nursing, physical and occupational therapy, personal care, meals/nutrition services, social work services, activity programs, and transportation.

C. Provider of medical day care services must be licensed as adult day care centers. Providers must have a full time registered nurse, full or part time social worker, full or part time activity coordinator, personal care attendants, staff physician, food service, transportation service and appropriate rehabilitation staff.

LIMITATIONS

1. Services to recipients who are not certified by the State's utilization control agent as needing nursing facility services.

2. Services not authorized on a plan of care by a licensed physician.

3. Services for which payment is made directly to a provider of than a medical day care facility.

4. Billing time limitations:

a. The Department may not reimburse claims received by the Program for payment more than 9 months after the date of service.

b. Medicare claims. For any claim initially submitted to Medicare and for which services have been:

(i) Approved, requests for reimbursement shall be submitted and received by the Program within 0 months of the date of service 120 days from the Medicare remittance date, as shown on the Explanation of Medicare Benefits, whichever is later; and

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Adult medical day care services

(ii) Denied, requests for reimbursement shall be submitted and received by the Program within 9 months of the date of service or 120 days from the Medicare remittance date, as shown on the Explanation of Medicare Benefits, whichever is later.

c. A claim for services provided on different dates and submitted on a single form shall be paid only if it is received by the Program within 9 months of the earliest date of service.

d. A claim which is rejected for payment due to improper completion or incomplete information shall be paid only if it is properly completed, resubmitted, and received by the Program within the original 9-month period, or within 60 days of rejection, whichever is later.

e. Claims submitted after the time limitations because of retroactive eligibility determination shall be considered for payment if received by the Program within 9 months of the date on which eligibility was determined.

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